**Retail Food Establishment Inspection Report**

<table>
<tr><td colspan="2">Floyd County Health Department<br>Telephone:812-948-4726<br>X678</td></tr>
</table>

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| Establishment Name | Telephone Number | Date of Inspection (mm/dd/yr) | PERMIT # |
|---|---|---|---|
| Quizno's | 812-981-7849 | 3-3-20 | 20-241 |

**Establishment Address** (number and street, city, state, zip code)
4212 (Suite 1) Charlestown Rd NewAlbany IN

| Owner | Purpose: | Follow-up | Release Date |
|---|---|---|---|
| Cathy Rodriguez | (1.) Routine | NO | 10 days |

**Owner's Address**

Purpose:
1. Routine
2. Follow-up
3. Complaint
4. Pre-Operational
5. Temporary
6. HACCP
7. Other (list)

**Person in Charge**
Cath Rodriguez

**Responsible Person's E-mail**

**Summary of Violations:**

C ⊘  NC 2  R ⊘

**Menu Type** (See back of page)

1___ 2 ✓ 3___ 4___ 5___

**Certified Food Manager**
Ben Elswick (5-22-24)

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

| Section# | C/NC | R | Narrative | To Be Corrected By |
|---|---|---|---|---|
| 324 | NC | | Observed tea maker leaking water. | 1 week. |
| 411 | NC | | Observed light bulbs out near mop sink & in back hallway near laundry. | 1 week |
| | | | | |

| Received by (name and title printed): | Inspected by (name and title printed): |
|---|---|
| Cathy Rodriguez owner | Thomas Snider, EHS |
| Received by (signature): | Inspected by (signature): |
| | |

cc:    cc:    cc: